

BEST TRANSIT ADA COMPLAINT FORM

Please print and submit to

*BeST Transit ADA Coordinator
27824 Route 220
Athens, Pa. 18810*

1. Complainant's Name:

Address:

City:

State:

Zip:

Daytime telephone:

Email address:

Do you prefer to be contacted via email: YES NO

2. . Are you filling this complaint on your own behalf?

YES If YES, please go to question No. 6.

NO If NO please go to question No. 3

3. Please provide your name and address.

Name of person filing complaint:

Address:

City:

State:

Zip:

Daytime telephone:

Email address:

Do you prefer to be contacted via email: YES NO

4. What is your relationship to the person for whom you are filing the complaint?

5. Please confirm that you have obtained the permission of the aggrieved party to file a complain on their behalf.

YES, I have permission NO, I do not have permission

6. I believe the discrimination I experienced was based on (check all that apply)

Accessibility issue Discrimination based on disability Other

7. Date of alleged discrimination (Month, Day, Year):

8. Where did the alleged discrimination take place?

9. Explain as clearly as possible what happened and why you believe that you were discriminated against. *Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). Use the back of this form or separate pages if additional space is required.*

10. Please list any and all witnesses' names and phone numbers / contact info:

11. Why type of corrective action would you like to see taken?

12. Have you filed a complaint with any other federal state or local agency or with any federal or state court? YES If yes, check all that apply. NO

a. Federal agency (please list):

b. Federal court (please provide location):

c. State court:

d. State agency (please list):

e. County court (specifiy court and county):

f. Local agency (specify agency):

13. Please provide information about a contact at the agency where the complaint was filed:

Name:

Title:

Agency:

Address:

City:

State:

Zip:

Phone:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date is required:

Signature _____ Date: _____

If you completed questions 3, 4 and 5 your signature and date is required:

Signature _____ Date: _____